



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 21, 2017

Ms. Annmarie Brown, Manager
7 Royce Street
7 Royce Street
Rutland, VT 05701-4432

Dear Ms. Brown:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 27, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 0617	(X2) MUI,TIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2017	
NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/27/17. There were regulatory findings.	R100		
R207	V. RESIDENT CARE AND HOME SERVICES SS=D 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical review, the facility failed to report an incident of suspected abuse for 1 resident, Resident #1. Findings include: Review of medical records indicated that on 1/18/17 there was a bruise of unknown etiology noted during showering, on Resident #1's right forearm. Per interview with the house manager (HM), at 10:30 AM on 2/27/17, Resident #1 had said that someone had pinched him/her. The HM further stated that Resident #1 has a history of falls and none had occurred just prior to the discovery. A critical incident report was completed and filed by the facility supervisor and per the HM it was faxed to the phone number provided. Upon review of the report, it had been	R207	<i>See attached</i>	

Division of Licensing and Protection

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6898

UDUJ11

TITLE

(X6) DATE

If continuation sheet 1 of 2

R207 POC accepted 3/20/17 Bortellien/PML

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/27/2017
NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R207	Continued From page 1 filed to the Developmental Disabilities Service Division (DDSD, which is a Division of the Department of Disabilities, Aging and Independent Living which is known as DAIL). The HM said that s/he contacted the Human Resource Division of Community Access Program (CAP), that oversees the facility and was told that s/he would need to contact Adult Protective Services (APS). The HM stated that APS conducted a 5 day investigation of the incident and stated at this time that s/he was not aware that the phone/fax number for reporting to DAIL and APS was incorrect and stated that s/he had not reported the incident to the Division of Licensing and Protection (DLP) per regulations because s/he was not aware that s/he had to.	R207		

Community Access Program



Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

March 10th, 2017

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Re: Plan of Correction for 7 Royce Street

On February 27th, 2017 the Division of licensing and protection completed a complaint investigation where one isolated deficiency was noted at the Royce Street Level III Residential Care Home. The following is our plan of correction for the deficiency identified in the investigation

R207 V. Resident Care Home Services

1. The notification checklist attached to our agencies critical incident report has been amended to include DLP.
2. Training has occurred to ensure the understanding of the various and separate roles each department has under DAII. In addition incidents that require notification to DLP have been reviewed with all needed parties.
3. This will be monitored through our critical incident review process. Reviews will be done by the Residential Supervisor (Administrator), the program director as well as the agency quality and risk personnel.
4. The notification checklist amendment and trainings were completed by March 3rd, 2017.

If you have any questions please contact me at 802-773-1495.

Sincerely,

Annmarie Brown
Residential Supervisor (Administrator)
7 Royce Street
Rutland, VT 05701